

DEC 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41550
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
 (b) Township
 (c) City Carthage
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds.

Registration District No. 408
 Primary Registration District No. 3020
 (d) Street No. 1208 S. Garrison

Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Viola Straine

(a) Residence, No. 209 W. Seventh St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert J. Straine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
23 5 61 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carthage
 (STATE OR COUNTRY) Missouri

13. NAME Tharp

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mr. Albert J. Straine
 (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dudman Cemetery DATE Nov. 22, 1937

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Missouri

20. FILED Nov 22 1937 W. M. Howard M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1937, to Nov 19, 1937.
 I last saw him alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 2:05 p.m.
 The principal cause of death and related causes of importance were as follows:

myocardial insufficiency
acute dilatation

Other contributory causes of importance:

Psychic Strain

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Lloyd B. Clenton M. D.(Address) Carthage, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)